

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
**1003**

Township ..... Primary Registration District No. ....

City **St Louis** (No. **5052 Kensington**) St. .... Ward) ....

File No. **10673**  
Registered No. **2495**

2. FULL NAME

(a) Residence, No. **5052 Kensington** Ward, **17** (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF **Ethelinda Poets**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **(unknown)**

7. AGE YEARS **79** MONTHS ..... DAYS ..... If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Painter & carpenter**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Paris, Ill.**

MOTHER 13. NAME (unknown) **Poets**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **(unknown)**

15. MAIDEN NAME (unknown) **Grimes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **(unknown)**

17. INFORMANT **Mrs James T. Cook** (ADDRESS) **5052 Kensington**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Indianaapolis Ind.** DATE **3-10-1934**

19. UNDERTAKER **R.P. Lippow & Sons** (ADDRESS) **#4449 Olive St.**

20. FILED **12 1934** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb-10-1934**

22. I HEREBY CERTIFY, That I attended deceased from **3/1/34**, 19**34** to **3/10/1934**

I last saw him alive on **3/10/1934** Death is said

to have occurred on the date stated above, at **4 A.** m.

The principal cause of death and related causes of importance were as follows:

**Coronary of Prostate Gland** Date of onset **3/1/34**

Other contributory causes of importance:

**51st Grand 5**  
Name of operation **None** Date of **None**  
What test confirmed diagnosis **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury **X X X**

24. Was disease of injury in any way related to occupation of deceased? **No**  
If so, specify **None**

(Signed) **Dr. R. H. ...** M. D.  
(Address) **5750 National Bldg**

His Godfrey  
5251 Natural Ridge

EV 2980.

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